LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State
03-18-2002 90001 027 ****50.00

DOCUMENT # L01000016197

1. Entity Name

RGD INVESTMENTS, LLC

96537

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE
03/18/02 90001 027 $50.00

2. Principal Place of Business	3. Mailing Address
109 Commerce Street	
Suite, Apt. #, etc.: Suite 1101	Suite, Apt. #, etc.
City & State: Lake Mary, Florida	City & State
Zip: 32746 / Country: Seminole County	Zip / Country

4. FEI Number: 02-0589087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Philip F. Keidaish, Jr.

Street Address (P.O. Box Number is Not Acceptable): 505 Wekiva Springs Road. S

Suite 800

City: Longwood **FL** Zip Code: 32746

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ Philip F. Keidaish, Jr. 6/24/02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Robert G. Dello Russo 109 Commerce Street, #1101 Lake Mary, FL 32746	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Howard C. Barton 3551 West 1st Street Sanford, FL 32771	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Robert G. Dello Russo 6.21.02 407-831.2665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #